

MHASC Proposal Form

Title\Name of Proposal:		Date First Proposed (m\d\y):		\	\
Issue\Challenge to be resolved:					
Suggested Actions to bring resolution:					
Put forth by: <input type="checkbox"/> GSR/A <input type="checkbox"/> Member		Group:		Name:	
Amendments & Modifications (for additional add supplemental sheets):					
#)	Date Suggested (m\d\y):	\	\	By:	
Accepted by Author: <input type="checkbox"/> Yes <input type="checkbox"/> No		Put to Consensus <input type="checkbox"/> Yes <input type="checkbox"/> No			
#)	Date Suggested (m\d\y):	\	\	By:	
Accepted by Author: <input type="checkbox"/> Yes <input type="checkbox"/> No		Put to Consensus <input type="checkbox"/> Yes <input type="checkbox"/> No			
Call #	Consensus Call	Date/Time of Call (m\d\y): \ \ :			
1	Results Quorum	# of members positioning 50%+1 Threshold =			
	(GSR/A)	GSR/A Admin and Subcommittee Chairs 85% Threshold =			
Blocks (Block Holds <input type="checkbox"/> Yes <input type="checkbox"/> No)					
Blocks were based on					
Traditions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
Concepts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
Other					
Ascent	Reservations	Stand Aside	% in Ascent & Reservation: . %		
Approved by threshold		<input type="checkbox"/> Yes <input type="checkbox"/> No			
(Yes) Approved for Action on		\ \			
(No) Continuation		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dismissed <input type="checkbox"/> Yes <input type="checkbox"/> No Tabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
REV 2013/08/04, Format updated 2013/11/02					